

ORRVILLE CITY SCHOOLS
APPLICATION FOR SCHOOL PSYCHOLOGIST

Please return completed application form to: Mr. James J. Ritchie, Superintendent, Orrville City Schools, 815 North Ella Street, Orrville, OH 44667; Phone (330) 682-4651.

Name _____ Date _____

Home Address _____ Phone _____

Office Address _____ Phone _____

Present Position _____

Present Contract: Total Days _____ Expiration Date _____ Present Salary _____

Education:

Name and Address of School	Date Entered	Date Graduated	Diploma or Degree	Undergraduate	Graduate GPA
				Major & GPA	
High School -					
Undergraduate -					
Graduate -					

Experience--Educational--List beginning with present position (use an additional sheet of paper if needed to report your entire professional record).

School and Position	Date		Principal or Superintendent	Address of School Bd. Office
	From	To		

References--List three references, preferably persons in administrative positions in authority over you, in your last four assignments (please don't duplicate those listed under experience unless they are no longer at the same school).

Name	Position	Address	Phone Number

Have you ever been convicted of a "disqualifying crime" (see reverse side) under ORC 3319.311(B)(2)? ☐ Yes ☐ No

The Orrville City Schools ensures equal opportunities for all personnel regardless of race, color, national origin, citizenship status, religion, sex, economic status, age or disability.

(over)

1. What have been your major education contributions and how have you influenced the improvement of the school or department now under your direction?

2. Briefly describe your administrative style. _____

3. Good school-community relations should be a goal for all schools. Briefly state how you would implement an effective program? _____

4. Memberships and affiliations--Educational and other (including any special leadership responsibilities).

PLEASE REQUEST YOUR COLLEGE OR UNIVERSITY PLACEMENT OFFICE TO FORWARD YOUR CREDENTIALS

The consultants and the Board of Education have my permission to examine this application and all confidential papers which support it.

Date

Signature of Applicant

Should you be employed, such employment will not be final until an acceptable (BCII and NCIC) report is received (disqualifying crimes incl. aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, failing to provide for functionally impaired person, aggravated menacing, patient abuse or neglect, kidnapping abduction, child stealing, crim. child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, sexual imposition, importuning, voyeurism, public indecency, fel. sexual penetration, compelling prostitution, promoting prostitution, procuring, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented material involving a minor, illegal use of a minor in nudity-oriented material/performance, aggravated robbery, robbery, aggravated burglary, burglary, abortion without informed consent, endangering children, domestic violence, carrying concealed weapons, having weapons while under disability, improperly discharging firearm at or into habitation or school, corrupting another with drugs, drug trafficking, adulteration of food.)

DO NOT WRITE BELOW THIS LINE

Date Application was received _____ References sent for (date) _____ Interview Date _____

Comments: _____